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Request	Application Number	10/766,219
for	Filing Date	1/28/2004
Continued Examination (RCE) Transmittal	First Named Inventor	Stephens
Address to:	Art Unit	1714
Mail Stop RCE Commissioner for Patents	Examiner Name	Cephia D. Toomer
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	STEPHENS 1

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114 Note: If the RCE is proper, an	
amendments enclosed with the RCE will be entered in the order in which they w applicants does not wish to have any previously filed unentered amendment(s) a mendment(s).	were filed unless applicant instructs otherwise. If entered, applicant must request non-entry of such
a. Previously submitted. If a final Office action is outstanding, any amendance considered as a submission even if this box is not checked.	iments filed after the final Office action may be
i. Consider the arguments in the Appeal Brief or Reply Brief previous	usty filed on
ii. Other	
	Information Disclosure Statement (IDS)
ii. Affidavit(s)/Declaration(s) iv.	Other
2. Miscellaneous	•
a. Suspension of action on the above-identified application is requested un	inder 37 CFR 1.103(c) for a
period of months. (Period of suspension shall not exceed 3 mo	
b. Other	
3. Fees The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the second	
a. X The Director is hereby authorized to charge the following fees, any under	derpayment of fees, or credit any overpayments, to
——————————————————————————————————————	enclosed a duplicate copy of this sheet.
i. RCE fee required under 37 CFR 1.17 (e) 01/24/	4/2006 NNGUYEH1 00000042 10766219
	C:2801 395.00 OP
ii. Extension of time fee (37 CFR 1.138 and 1.17) 01 FC:	
ii. Extension of time fee (37 CFR 1.138 and 1.17) 01 FC:	
iii. Other	
b. X Check in the amount of \$_395.00 enclosed	
b. X Check in the amount of \$ 395.00 enclosed c. Payment by credit card (Form PTO-2038 enclosed)	rtion should not be included on this form. Provide
b. X Check in the amount of \$_395.00 enclosed	ntion should not be included on this form. Provide
b. X Check in the amount of \$_395.00_ enclosed c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card informatic credit card information and authorization on PTO-2038.	AGENT REQUIRED
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b. X Check in the amount of \$_395.00 enclosed c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card informatic credit card information and authorization on PTO-2038. Signature Name (Print/Type) John H. Thomas	AGENT REQUIRED Date January 20, 2006 Registration No. 33,460
b. X Check in the amount of \$_395.00_ enclosed c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card informatic credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR A Signature Name (Print/Type) John H. Thomas	AGENT REQUIRED Date January 20, 2006 Registration No. 33,460
b. X Check in the amount of \$ 395.00 enclosed c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card informatic credit card information and authorization on PTO-2038. Signature Name (Print/Type) Signature CERTIFICATE OF MAILING OR TRANS CERTIFICATE OF MAILING OR TRANS	AGENT REQUIRED Date January 20, 2006 Registration No. 33,460 ISMISSION with sufficient postage as first class mail in an envelope
b. X Check in the amount of \$ 395.00 enclosed c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card informatic credit card information and authorization on PTO-2038. Signature Name (Print/Type) Signature Name (Print/Type) CERTIFICATE OF MAILING OR TRANS hereby certify that this correspondence is being deposited with the United States Postal Service with addressed to: Mail Stop RCE Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-140 Office on the date shown below	AGENT REQUIRED Date January 20, 2006 Registration No. 33,460 ISMISSION with sufficient postage as first class mail in an envelope
b. X Check in the amount of \$ 395.00 enclosed c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card informatic credit card information and authorization on PTO-2038. Signature Name (Print/Type) Signature Name (Print/Type) CERTIFICATE OF MAILING OR TRANS Thereby certify that this correspondence is being deposited with the United States Postal Service with addressed to: Mail Stop RCE Commissioner for Patents, P.d. Box 1450, Alexandria, VA 22313-14	AGENT REQUIRED Date January 20, 2006 Registration No. 33,460 ISMISSION with sufficient postage as first class mail in an envelope

This collection or information is required by 37 CPN 1.114. This information is required to dotain or retain a denter by the public which is class 19 to CSP 10 to process) an application. Configuration by 37 CPN 1.114. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1459.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD 10766219 Effective October 1, 2003 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN SMALL ENTITY (Column 2) TYPE [(Column 1) **TOTAL CLAIMS** RATE FEE RATE FEE BASIC FEE 385.00 BASIC FEE 770 00 FOR NUMBER FILED NUMBER EXTRA OR TOTAL CHARGEABLE CLAIMS minus 20= XS 9= 13 X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +290= +145= OR If the difference in column 1 is less than zero, enter "0" in column 2 581 TOTAL TOTAL OR OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-ENT A NUMBER REMAINING PRESENT RATE TIONAL RATE TIONAL PREVIOUSLY AFTER **EXTRA** FEE PAID FOR FEE AMENDMENT Minus X\$ 9= X\$18= Total OR Independent Minus X86= X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR. OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NIMBER 8 PRESENT REMAINING TIONAL TIONAL RATE RATE PREVIOUSLY **AFTER EXTRA** FEE FEE MENDMENT PAID FOR X\$18= Minus Total X\$ 9= OR Independent Minus X43= 110.00 X86= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= +145= OR flim u TOTAL TOYAL ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-U NUMBER REMAINING PRESENT TIONAL TIONAL RATE RATE PREVIOUSLY AFTER **EXTRA** PAID FOR **AMENDMENT** FEE FEE AMENDM Minus Total X\$ 9= X\$18= OR Minus Independent X86= X43= OR

* If the many in column 1 is less than the many in column 2, write "O" in column 3.

"If the "High is Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

"If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appr prist box in column 1.

OR

+290=

ADDIT FEE

+145=

ADDIT, FEE

TOTAL

Application or Docket Number